

Revision: HCFA-Region VI
MAY 1994

ATTACHMENT 3.1-B
Page 8

STATE OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

☐ Provided ☐ No Limitations ☐ With Limitations*
☒ Not Provided

*

STATE <u>Okla</u>	A
DATE REC'D <u>9-9-94</u>	
DATE APPV'D <u>10-6-94</u>	
DATE EFF <u>7-1-94</u>	
HCFA 179 <u>94-11</u>	

*Description provided on attachment.

Revised 07-01-94

TN# 94-11 Approval Date 10/16/94 Effective Date 7/1/94
Supersedes
TN# 92-03

Revision: HCFA - Region VI
October 1991

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State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Services of Christian Science nurses.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Care and services provided in Christian Science sanatoria.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Nursing facility services provided for patients under 21 years of age.
☐ Provided: ☐ No limitations ☐ With limitations*
- e. Emergency hospital services.
☐ Provided: ☐ No limitations ☐ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
☐ Provided: ☐ No limitations ☐ With limitations*
- g. Birthing Center Services
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment

With limitations*	<i>Oklahoma</i>
STATE	<i>Oklahoma</i>
DATE REC'D	<i>12-20-93</i>
DATE APPV'D	<i>2-3-94</i>
DATE EFF	<i>10-11-93</i>
HCFA 179	<i>93-20</i>

TM No. *93-20*
Supersedes
TM No. *92-03*

Approval Date *2/3/94*

Effective Date *10/11/93*

Revised 10-11-93

State: OKLAHOMA

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY
NEEDY GROUPS:**

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

_____ provided X not provided

STATE <u>Oklahoma</u>	A
DATE RECD <u>8-26-98</u>	
DATE APPLD <u>10-20-98</u>	
DATE LIF <u>7-1-98</u>	
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07-01-98

TN# 98-12

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SUPERSEDES: NONE
TN# _____

NEW PAGE

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September 1986

Corrected
Attachment 3.1-B
Page 2a-1

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Department. General acute care inpatient hospital services are limited to 12 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the contracted peer review organization and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

A	
STATE	OKLAHOMA
DATE REC'D	August 18, 1993
DATE APP'D	July 23, 1998
DATE EFF	July 1, 1993
HCFA 179	93-14

Revised 07-01-93

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Supersedes
TN# 82-25

Approval Date 7/23-98 Effective Date 7-1-93

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED-MEDICALLY NEEDY GROUP(S):
All Groups

2.a. Outpatient hospital services:

Emergency Room Services - Covered emergency room services are limited to emergency medical conditions. Emergency medical condition means a medical condition including injury manifesting itself by acute symptoms or sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected, by a reasonable and prudent layperson, to result in placing the patient's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part. Payment is limited to \$28.00 for the emergency room. When it is necessary that diagnostic x-ray studies and laboratory studies be made, payment is made at the current allowable under the appropriate CPT code. An assessment fee is paid for emergency room services which do not meet the criteria for emergency medical condition.

Dialysis

Therapeutic radiology or chemotherapy for proven malignancy. Therapeutic radiology or chemotherapy for the treatment of opportunistic infections. Payment is based on reasonable charge.

Outpatient hospital services, not specifically addressed, are covered when prior authorized.

Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Agency.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the client. The client must be able to actively participate in the treatment. Active participation means that the client must have sufficient cognitive abilities, communication skills, and short-term memory to derive a reasonable benefit from the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. For DMHSAS contracted and private facilities, an agent designated by the Oklahoma Health Care Authority (OHCA) will apply the medical necessity criteria. For Public facilities (Regionally based CMHCS), the medical necessity criteria will be self-administered. Non authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent. (See Out-Patient Behavioral Health Services, Attachment 3.1-A, Page 1a-2.2 through Page 1a-2.12 for amount, duration and scope.)

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STATE	OKLAHOMA
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TIME	99-23
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SEPTEMBER 1986

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Page 2a-3

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

2.b. Rural Health clinic services and other ambulatory
services furnished by a rural health clinic.

Within limits of other providers for same services and limited to
services specified in certification.

STATE <u>OK</u>	A
DATE REC'D <u>JAN 02 1987</u>	
DATE APPV'D <u>AUG 11 1987</u>	
DATE EFF <u>OCT 01 1986</u>	
HCFA 179 <u>86-20</u>	

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TN# 86-20
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September 1986

Attachment 3.1-B
Page 2a-4

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

3. Other Laboratory and X-ray Services

- Medically necessary outpatient diagnostic x-rays and laboratory work.

STATE	<u>oklahoma</u>
DATE	<u>12-30-99</u>
TIME	<u>3-14-00</u>
DATE	<u>12-1-99</u>
TIME	<u>99-23</u>

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— State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found

Early and Periodic Screening, Diagnosis and Treatment Services for each eligible individual under 21 years of age include payment for:

- (1) Child Health Screening Examinations by a licensed medical or osteopathic physician. Scheduled screenings include: Six screenings by the first year of life; two screenings in the second year; one screening yearly for ages 2 through 5 years; and one screening every other year for ages 6 through 20 years.
- (2) Diagnostic x-rays, lab, and/or injections when prescribed by a physician.
- (3) Outpatient care for medically necessary ancillary services.
- (4) Dental services include: inpatient services in an eligible participating hospital; two outpatient dental screenings; one set of bite wing x-rays; two oral prophylaxis and two topical fluoride treatments each twelve months; emergency services for relief of pain and/or acute infection; limited restoration, repair and/or replacement of dental defects; other dental services require a prior authorization.
- (5) Optometrists' services - visual screening or visual analysis and glasses.
- (6) Hearing aid evaluation and purchase of a hearing aid when prescribed as a result of the hearing aid evaluation.
- (7) Medication - Medically necessary prescriptions not covered by the Vendor Drug Program.
- (8) Psychological services - Services of licensed psychologists may be compensable if provided in provider's office, patient's home or hospital where this service is not a part of the per diem reimbursable cost of the facility.

A				
STATE	OKLAHOMA	DATE REC'D	1-4-99	
DATE APP'D	3-31-99	DATE EFF	12-31-98	
HCFA 179	98-24			

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Approval Date 3/31/99

Effective Date 12/31/98

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4.b. EPSDT (continued)

- (9) Transportation - provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 12 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:

(A.) Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The periodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-B, Page 2a-8g. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examination must include all of the following components to be compensable.

- 1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

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DATE	<u>05-11-00</u>	
HCFA ID	<u>00-09</u>	

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Attachment 3.1-B
Page 2a-7

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4.b. EPSDT
(12) (continued)

2. **Developmental Assessment.** This includes a range of activities to determine whether an individual's developmental processes fall within a normal range of achievement according to age group and cultural background. Acquire information on the child's usual functioning as reported by the child, teacher, health professional or other familiar person. Review developmental progress as a component of overall health and well-being given the child's age and culture. As appropriate, assess the following elements:

Gross and fine motor development
Communication skills, language and speech development
Self-help, self-care skills
Social-emotional development
Cognitive skills
Visual-motor skills
Learning disabilities
Psychological/psychiatric problems
Peer relations
Vocational skills

3. **Assessment of Nutritional Status.** Nutritional assessment may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:

Questions about dietary practices
Complete physical examination, including an oral dental examination
Height and weight measurements
Laboratory test for iron deficiency
Serum cholesterol screening, if feasible and appropriate

A	
STATE	OKLAHOMA
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DATE APP'D	MAY 08 1996
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